



CONSUMER PROTECTION DIVISION
140 WEST FLAGLER STREET
SUITE 902
MIAMI, FLORIDA 33130-1561

Tel: (305) 375-4222 ☎ Fax: (305) 375-3512 ☎ TDD:
(305) 375-4177 ☎ E-mail: consumer@co.miami-dade.fl.us

VEHICLE IMMOBILIZATION BUSINESS LICENSE APPLICATION

By Authority of Article III of Chapter 30 of the Code of Miami-Dade County

PLEASE TYPE OR PRINT

(check one)

INITIAL APPLICATION () RENEWAL APPLICATION () LICENSE #

1. BUSINESS NAME - Enter the exact name used by the business.

2. OWNER'S NAME - Enter individual, partnership or corporate name if different than above.

3. LOCATION OF BUSINESS - Enter location where business is conducted. If more than one location, attach a separate sheet listing all additional locations.

ADDRESS CITY STATE ZIP

4. MAILING ADDRESS

ADDRESS CITY STATE ZIP

5. BUSINESS TELEPHONE

RESIDENCE TELEPHONE

BEEPER/CELLULAR

6. OWNERSHIP TYPE (Check one):

SOLE PROPRIETOR () PARTNERSHIP () CORPORATION ()

7. PRINCIPALS - Enter the name and address of the individual owner or all partners or all corporate officers, directors and registered agent. (Attach additional sheet, if necessary)

NAME TITLE SOCIAL SECURITY #

RESIDENCE ADDRESS

CITY STATE ZIP CODE

PRINCIPALS (Continued)

NAME TITLE SOCIAL SECURITY #

RESIDENCE ADDRESS

CITY	STATE	ZIP CODE
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NAME	TITLE	SOCIAL SECURITY #
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RESIDENCE ADDRESS

CITY	STATE	ZIP CODE
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REGISTERED AGENT'S NAME (IF APPLICABLE) SECURITY #	TELEPHONE	SOCIAL
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ADDRESS

CITY	STATE	ZIP CODE
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8. DATE OF INCORPORATION OR PARTNERSHIP FORMATION OR BIRTH DATE OF INDIVIDUAL.

9. LIST THE NAME(S) OF ANY PERSON(S) ASSOCIATED WITH YOUR FIRM WHO HAS EVER BEEN DENIED AN IMMOBILIZATION BUSINESS LICENSE BY MIAMI-DADE COUNTY.

10. CRIMINAL BACKGROUND - STATE THE NAME, OFFENSE AND DISPOSITION(S) OF ANY APPLICANT, OFFICER, DIRECTOR OR PARTNER OF THE APPLICANT, STOCKHOLDER OWNING, HOLDING, CONTROLLING OR HAVING A BENEFICIAL INTEREST IN FIVE (5) PERCENT OR MORE OF ISSUED AND OUTSTANDING STOCK IN THE CORPORATION OR BENEFICIAL INTEREST THEREIN, WHO HAS ANY OUTSTANDING ARREST WARRANTS OR WHO HAS BEEN CONVICTED OF ONE OR MORE OF THE FOLLOWING **FELONIES** WITHIN THE PRECEDING **FIVE (5) YEARS** OR **THREE (3) MISDEMEANORS** WITHIN THE **THIRTY-SIX (36) MONTH** PERIOD PRECEDING THE DATE OF THE APPLICATION: CRIMINAL HOMICIDE; KIDNAPPING; A SEXUAL OFFENSE; AN ASSAULTIVE OFFENSE; ROBBERY; BURGLARY; ARSON; FRAUD; THEFT IF THE OFFENSE WAS COMMITTED AGAINST A PERSON WITH WHOM THE APPLICANT CAME IN CONTACT WITH WHILE ENGAGED IN THE SERVICES REGULATED BY THIS SECTION; PUBLIC INDECENCY; POSSESSION OF A WEAPON; AND A VIOLATION OF ANY LAWS REGARDING CONTROLLED SUBSTANCES.

NAME	OFFENSE/WARRANTS	DISPOSITION
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(Please attach a court certified copy of the dispositions)
(Attach additional sheet, if necessary)

11. LIST ALL OUTSTANDING JUDGMENTS RELATING TO IMMOBILIZATION ACTIVITIES.

12. LIST OF ALL TRADE NAMES UNDER WHICH YOU HAVE PREVIOUSLY OPERATED.

13. LIST ALL CITATIONS ISSUED UNDER ANY COUNTY ORDINANCE WHICH HAVE NOT BEEN PAID.

14. CHECKLIST (CHECK APPROPRIATE ANSWER)

HAVE YOU ATTACHED THE FOLLOWING TO YOUR APPLICATION?

- | | |
|---|----------------|
| 1) COPY OF CURRENT, PERMANENT OCCUPATIONAL LICENSES? | ___ YES ___ NO |
| 2) COPY OF CERTIFICATE OF USE AND OCCUPANCY FOR UNINCORPORATED
MIAMI-DADE? | ___ YES ___ NO |
| 3) CURRENT DOCUMENTATION DEMONSTRATING CORPORATE OR
LTD. PARTNERSHIP REGISTRATION WITH THE STATE OF FLORIDA?
___ YES ___ NO | |
| 4) BACKGROUND WITH MIAMI-DADE POLICE DEPARTMENT? | ___ YES ___ NO |
| 5) FINGERPRINTS AND PHOTOGRAPHS OF ALL OFFICERS/OWNERS? | ___ YES ___ NO |
| 6) CERTIFICATE OF INSURANCE? | ___ YES ___ NO |
| 7) DESCRIPTION OF MANAGEMENT PLAN? | ___ YES ___ NO |
| 8) DESCRIPTION OF SERVICES? | ___ YES ___ NO |
| 9) APPLICATION AND LICENSE FEES? | ___ YES ___ NO |

The following questions are optional and will be used for statistical purposes ONLY.

15. Race -- (Check appropriate answer)

- | | |
|---|---|
| <input type="checkbox"/> WHITE (NON-HISPANIC) | <input type="checkbox"/> HISPANIC |
| <input type="checkbox"/> BLACK | <input type="checkbox"/> OTHER (DESCRIBE) _____ |

16. National Origin -- (Check appropriate answer)

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> U.S. | <input type="checkbox"/> NICARAGUA |
| <input type="checkbox"/> CUBA | <input type="checkbox"/> PUERTO RICO |
| <input type="checkbox"/> COLOMBIA | <input type="checkbox"/> OTHER (DESCRIBE) |

☐ HAITI

17. Primary Language Spoken -- (Check appropriate answer)

- | | |
|----------------------------------|---|
| <input type="checkbox"/> ENGLISH | <input type="checkbox"/> FRENCH |
| <input type="checkbox"/> SPANISH | <input type="checkbox"/> OTHER (DESCRIBE) |

☐ CREOLE

18. Gender -- (Check appropriate answer)

() FEMALE

I/We, _____, the undersigned _____,
 (print name) **(print title)**
of the business known as _____, under penalties of perjury, I/We
declare that I/We have read the foregoing application and that the facts stated in it are true. I/We declare
that I/We will abide by the provisions of the aforementioned article and the laws of the State of Florida.

(signature)

(date)

(signature)

(date)

All persons employed to perform the booting service must obtain a permit from the Consumer Services Department.

**Miami-Dade County
Consumer Services Department
Consumer Protection Division
140 West Flagler Street, Suite 902
Miami, Florida 33130**

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AFFIDAVIT OF FINANCIAL LIABILITY

Do you, or any partner(s) or corporate officer(s), if applicable, owe money to Miami-Dade County, Florida, either individually or through any other business, as a result of any of the following:

- (i) unpaid civil penalties;
- (ii) unpaid administrative costs for a hearing;
- (iii) unpaid County investigative, enforcement, testing or monitoring costs; or
- (iv) unpaid liens?

Yes:
No:

I hereby certify that all information provided is true and correct. By signing this document, I acknowledge that if the information provided is not true and correct, my registration/permit/certificate will be suspended or revoked.

Print Name:

Signature:

Date:

DECLARACIÓN DE DEUDA FINANCIERA

Usted, o algún socio(s) u oficial(es) de la corporación, si aplica, debe dinero al Condado de Miami-Dade, Florida, ya sea individualmente o através de cualquier otro negocio, como resultado de cualquiera de lo siguiente:

- (i) penalidades civiles no pagadas;
- (ii) costos administrativos por una audiencia, no pagado
- (iii) costos de investigación, cumplimiento de la ley, pruebas o aviso del Condado, no pagado; o
- (iv) gravámenes, no pagados?

Si:
No:

Por esto yo certifico que toda la información proveída es correcta y verdadera. Firmando este documento yo confieso que si la información proveída no es verdadera y correcta, mi registración/permiso/certificado sera suspendido o revocado.

Imprima el Nombre:

Firma:

Fecha: